

to: us District court
 from: David DeJesus sr
 date: 12-4-07

E: Sending more unanswered medical Grievance & sick call
 and can someone get C-M-S to give me my medical Record

This is to show that still don't care if I'm in pain, they tell
 me, we put you to see the Dr never happen.

This is to show the court if something happen to me these
 people C-M-S let it happen and let me die, I fill that
 this new commissioner should fix the first problem, before
 we get's into another one all they want is money, I wish
 someone for the feds come in talk to me so I can tell
 them all they are doing to all of us.

I have Tumor I can't wait if I make it alive, I will
 put all in the news paper, so all could know what they allow
 them to do to us in jail, and while sick, It's wrong and I
 want D-O-C to paid for all they done to me & other
 like me, so take care may God Bless this New year & the rest
 of this one.

25. so many medical Grievance
 I can't send only a little & sick call
 answer

Thank you

David DeJesus &

FORM #585

MEDICAL GRIEVANCEFACILITY: S-C-2DATE SUBMITTED: 12-2-07INMATE'S NAME: David De Jesus SrSBI#: 209513HOUSING UNIT: MSB-6

CASE #: _____

////////////////////////////////////

SECTION #1
DATE & TIME OF MEDICAL INCIDENT: Ongoing

TYPE OF MEDICAL PROBLEM:

I have put so much medical Grievance and no answer they have try to put all together to fix it ^{on 11-29-07} and ask me what I want them to do, "If they do read it" on the medical action Requested by Grievant it said what I want them to do for me.

GRIEVANT'S SIGNATURE: David De Jesus Sr DATE: 12-2-07

ACTION REQUESTED BY GRIEVANT: Read the Action Requested And it will show what I want and where it said note, take it out because they dont follow it, and stop playing with our life, we two are Human

DATE RECEIVED BY MEDICAL UNIT: _____

* NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

FORM #585

MEDICAL GRIEVANCEFACILITY: S-L-IDATE SUBMITTED: 11-11-07INMATE'S NAME: David De Jesus JrSBI#: 209513HOUSING UNIT: MSB-G

CASE #: _____

SECTION #1DATE & TIME OF MEDICAL INCIDENT: ongoing

TYPE OF MEDICAL PROBLEM:

I'm in pain in the med's nurse on Friday night brush me off like I was no one who is here to tell me no I'm getting me help no Dr at all at night our week end so was left in pain The Health Administrator Jill is not caring what her Dept does, also I wanted to get the flu shot, but nurse word was doing them I have her in my lawsuit she still is not caring to do anything, I told a % I can't be around her he said let me see if someone else can give you the flu shot never happen

GRIEVANT'S SIGNATURE: David De Jesus Jr DATE: 11-11-07

ACTION REQUESTED BY GRIEVANT: Get me help and get people that want's to work & help, not hurt us. Jill need to be move also if she don't care to help us and Give me the flu shot

DATE RECEIVED BY MEDICAL UNIT: _____

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

never happen

Your copy

**DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES**

FACILITY: SUSSEX CORRECTIONAL CENTER

This request is for (circle one) MEDICAL DENTAL MENTAL HEALTH

David DeJesus Sr

Name (Print)

MOB-F

Housing Location

5-11-69

Date of Birth

209503

SBI Number

9-22-07

Date Submitted

Complaint (What type of problem are you having) I want to see the Dr

soon

David DeJesus Sr

Inmate Signature

9-22-07

Date

The below area is for medical use only. Please do not write any further

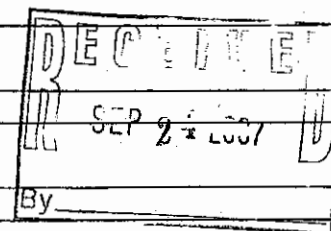
S:

O: Temp: _____ **Pulse:** _____ **Resp:** _____ **B/P:** _____ **WT:** _____

A:

P:

E: You are scheduled accordingly.



[Signature]

9-24-7

1700

Provider Signature and Title

Date

Time

as answered
like always put medical grievance for this
my copy

DELAWARE DEPARTMENT OF CORRECTIONS **REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES**

FACILITY: SUSSEX CORRECTIONAL CENTER

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

David DeJesus Sr

Name (Print)

MSB-G

Housing Location

5-11-69

Date of Birth

209513

SBI Number

10-15-07

Date Submitted

Complaint (What type of problem are you having) My arm where blood was taken looks bad, It should not look like this need help

David DeJesus Sr

Inmate Signature

10-15-07

Date

The below area is for medical use only. Please do not write any further

S:

O: Temp: _____ **Pulse:** _____ **Resp:** _____ **B/P:** _____ **WT:** _____

A:

P:

E:

Provider Signature and Title

Date

Time

your copy

DELAWARE DEPARTMENT OF CORRECTIONS **REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES**

FACILITY: SUSSEX CORRECTIONAL CENTER

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

David De Jesus sr

Name (Print)

MSB-6

Housing Location

5-11-69

Date of Birth

209513

SBI Number

11-11-07

Date Submitted

Complaint (What type of problem are you having) I need to see the

Dr and I need to get my AM&PM snack
they run out, on Friday the PM nurse brush me off
when I told her I'm in pain, no help at all

David De Jesus sr

Inmate Signature

11-11-07

Date

The below area is for medical use only. Please do not write any further

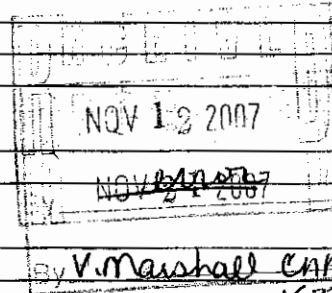
S: _____

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A: _____

P: _____

E: Referred to M.D



W. Davis Cpr

Provider Signature and Title

Date

Time

my e. your copy's

DELAWARE DEPARTMENT OF CORRECTIONS REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES

FACILITY: SUSSEX CORRECTIONAL CENTER

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

David DeJesus Sr
Name (Print)

MSB-6
Housing Location

5-11-69
Date of Birth

209513
SBI Number

12-2-07
Date Submitted

Complaint (What type of problem are you having) why I have not seen
the Dr like two sickcall said "Referred" but
never was done, I'm human to be left in pain.

David DeJesus Sr
Inmate Signature

12-2-07
Date

The below area is for medical use only. Please do not write any further

S: _____

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A: _____

P: _____

E: _____

Provider Signature and Title

Date

Time

FORM #585

MEDICAL GRIEVANCEFACILITY: S-C-IDATE SUBMITTED: 11-14-07INMATE'S NAME: David DeJesus, SrSBI#: 209513HOUSING UNIT: MSB-G

CASE #: _____

SECTION #1DATE & TIME OF MEDICAL INCIDENT: on going

TYPE OF MEDICAL PROBLEM:

on the 11-14-07 Nurse Cameron refuse to give me my Refill, she was Rude to me, when I give her the refill card she said put it in the trash, I said you may forget my name, she said yes I will, I said so here is the refill card, so you can remember my name she said I will only put it in the trash, I said can I have your name, she said make sure you spell it right, making fun of me, she did not care about my needs.

GRIEVANT'S SIGNATURE: David DeJesus Sr DATE: 11-14-07

ACTION REQUESTED BY GRIEVANT: To get the C-M-S to get all new staff or a new Health Administrator or a new Health care, I want this nurse to get more EMT someone who care about us, we are Human not Dogs

DATE RECEIVED BY MEDICAL UNIT: _____

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.